

Z#:

Job Series:

## **General Information:**

Please Print
Employee Name:

Organization:

Immediate Supervisor:	Group Leader:			
Phone #:	Mail Stop:			
Additional Information:				
Why are you interested in serving as a Laboratory mediator?				
What experience do you have that has prepared you to be	e a mediator?			

Please list any training that	t you have that is related to	mediation?			
What personal characterist	tics do you maintain that yo	ou think would co	ontribute to the suc	ccess of mediation?	
What experience have you	had in dealing with conflic	ct resolution? Ho	ow did you handle	the matter?	
Can you commit to the rec	quirements indicated in the	announcement se	eeking mediators?		
YES 🗆	NO □				
Do you have Group Leade	er approval to make this con	mmitment?			
$_{ m YES}\square$	$_{ m NO}$ $\square$				
	-,0				
Please attach additional sheets if necessary.					
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Please fill in the appropriate information and send this form to: HR-2 Mediation Center at Mail Stop M896.					
11x-2 mediadon Center at man 5top mo70.					
Signature			Date		
Digitature			Duic		